

Colorado Supplement to the Summary of Benefits and Coverage Form

Aetna Life Insurance Company

Name of Carrier

Aetna Choice® POS II

Name of Plan

Large Employer Group Policy

Policy Type

TYPE OF COVERAGE

1. TYPE OF PLAN	POS
2. OUT-OF-NETWORK CARE COVERED?¹	Yes; but patient pays more for out-of-network care
3. AREAS OF COLORADO WHERE PLAN IS AVAILABLE	Plan is available throughout Colorado.

SUPPLEMENTAL INFORMATION REGARDING BENEFITS

Important Note: The contents of this form are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. It provides additional information meant to supplement the Summary of Benefits and Coverage you have received for this plan. This plan may exclude coverage for certain treatments, diagnoses, or services not specifically noted. Consult the actual policy to determine the exact terms and conditions of coverage.

LIMITATIONS AND EXCLUSIONS

7. Period during which pre-existing conditions are not covered for covered person age 19 and older²	Not applicable, plan does not impose limitation periods for pre-existing conditions.
8. How does the policy define a “pre-existing condition”?	Not applicable, Plan does not exclude coverage of pre-existing conditions.
9. Exclusionary Riders. Can an individual's specific, pre-existing condition be entirely excluded from the policy?	No

USING THE PLAN

	IN-NETWORK	OUT-OF-NETWORK
10. If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?	No	Yes, refer to your certificate of coverage for details.
11. Does the plan have a binding arbitration clause?	No	

Questions: Call 1-888-982-3862, TDD 1-800-628-3323 (hearing impaired only) or visit www.Aetna.com.

If you are not satisfied with the resolution of your complaint or grievance, contact:

Colorado Division of Insurance
Consumer Affairs Section
1560 Broadway, Suite 850, Denver, CO 80202
Call 303-894-7490 (in state, toll free: 800-930-3745)
Email: insurance@dora.state.co.us

Endnotes:

1 “Network” refers to a specified group of physicians, hospitals, medical clinics and other health care providers this plan may require you to use in order for you to get any coverage at all under the plan, or that the plan may encourage you to use because it may pay more of your bill if you use their network providers (i.e., go in-network) than if you don't (i.e., go out-of-network)r Affairs50.08 bin..46 Tm.36 74.28 Tm0 Tc0 2m(1)